



**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF TELECOMMUNICATIONS AND CABLE**

***Independent Payphone Provider (IPP)
Revenue Statement for Calendar Year Ending December 31, _____***

1. *Exact* name of reporting company

2. Doing Business as (DBA) in MA, if any

3. Federal Identification Number (FIN)

4. If filing a combined statement, list registered names and (FINs) of **all** joint filers:
Registered name(s) DBAs and FINs

5. MA **intrastate** operating revenue \$

6. MA **intrastate** operating expenses \$

CONTACT INFORMATION Questions regarding the information provided in this return, and regulatory assessment invoices should be directed to:

[] *Please check if contact information has changed since last filing.*

Contact person/Title _____

Address _____

Contact person telephone number _____ Contact person E-mail _____

I hereby certify, under penalty of perjury, that the foregoing statement is true to the best of my knowledge and belief.

Date _____ **Signature** _____

Name/Title (typed or printed)

Please issue a check in the amount of \$5.00 payable to the Commonwealth of MA-DTC. Do not staple the check to forms. Mail original **IPP Revenue Statement** and one (1) photocopy, along with the original check, and two (1) photocopy of the check to:

**MA Department of Telecommunications & Cable
Attn: Competition Division
1000 Washington Street, Suite 820
Boston, MA 02118-6500**